Item S2: Relationship between clinical events and changes of eGFR slopes in non-linear progressors (N=166 participants)

Table *a:*

Study A: Subjects with steeper eGFR decline in the first half of follow-up and less steep in the second half (n = 40)

	Occurrence during 1st half	Occurrence during 2nd half
	Events (persons n, %)	*Events (persons n, %)*
AKI	4 (4, 10%)	3 (3, 7.5%)
hematuria	25 (10, 25%)	37 (11, 27.5%)
hospitalization	11 (9, 22.5%)	8 (6, 15%)

Table *b:*

Study A: Subjects with steeper eGFR decline in the second half of follow-up than in the first half (n = 68)

	Occurrence during 1st half	Occurrence during 2nd half
	Events (persons n, %)	*Events (persons n, %)*
AKI	0 (0)	1 (1, 1.5%)
hematuria	29 (13, 19.1%)	24 (15, 22.1%)
hospitalization	11 (9, 13.2%)	7 (7, 10.3%)

Table *c:*

Study B: Subjects with steeper eGFR decline in the first half of follow-up and less steep in the second half (n = 20)

	Occurrence during 1st half	Occurrence during 2nd half
	Events (persons n, %)	*Events (persons n, %)*
AKI	2 (2, 10%)	2 (2, 10%)
hematuria	9 (4, 20%)	7 (4, 20%)
hospitalization	10 (4, 20%))	16 9, 45%)

Table *d:*

Study B: Subjects with steeper eGFR decline in the second half of follow-up than in the first half (n = 38)

	Occurrence during 1st half	Occurrence during 2nd half
	Events (persons n, %)	*Events (persons n, %)*
AKI	3 (2, 5.3%)	9 (4, 10.5%)
hematuria	32 (14, 36.8%)	33 (16, 42.1%)
hospitalization	17 (11, 28.9%)	19 (10, 26.3%)